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PTO/SB/50 (02-01)

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## REISSUE PATENT APPLICATION TRANSMITTAL

<b>Address to:</b> <b>Assistant Commissioner for Patents</b> <b>Box Patent Application</b> <b>Washington, DC 20231</b>	<b>Attorney Docket No.</b>	272/012
	<b>First Named Inventor</b>	Paul Beck
	<b>Original Patent Number</b>	6,030,308
	<b>Original Patent Issue Date</b> (Month/Day/Year)	February 29, 2000
	<b>Express Mail Label No.</b>	EV051354002US

**APPLICATION FOR REISSUE OF:**  
(check applicable box)

☒ **Utility Patent**

☐ **Design Patent**

☐ **Plant Patent**

### APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ **Fee Transmittal Form (e.g., PTO/SB/56)**  
(Submit an original, and a duplicate for fee processing)
2. ☒ **Applicant claims small entity status.** See 37 CFR 1.27.
3. ☒ **Specification and Claims in a double column copy of patent format (amended, if appropriate)**
4. ☐ **Drawing(s) (proposed amendments, if appropriate)**
5. ☒ **Reissue Oath / Declaration (original or copy)**  
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
6. ☐ **Power of Attorney**
7. **Original U.S. Patent currently assigned?** ☐ Yes ☒ No  
(If Yes, check applicable box(es))
  - ☐ **Written Consent of all Assignees (PTO/SB/53)**
  - ☐ **37 C.F.R. § 3.73(b) Statement**  
(PTO/SB/96)
8. ☐ **CD-ROM or CD-R in duplicate, Computer Program**  
(Appendix) or large table
9. **Nucleotide and/or Amino Sequence Submission**  
(if applicable, all of the following are necessary)
  - a. ☐ **Computer Readable Form (CFR)**
  - b. **Specification Sequence Listing on:**
    - i. ☐ **CD-ROM (2 copies) or CD-R (2 copies); or**
    - ii. ☐ **paper**
  - c. ☐ **Statements verifying identity of above copies**

### ACCOMPANYING APPLICATION PARTS

10. ☒ **Statement of status/support for all changes to the claims.**  
See 37 CFR 1.173(c).
11. ☐ **Original U.S. Patent for surrender**
  - ☐ **Ribboned Original Patent Grant**
  - ☐ **Statement of Loss (PTO/SB/55)**
12. ☐ **Foreign Priority Claim (35 U.S.C. 119)**  
(if applicable)
13. ☒ **Information Disclosure** ☒ **Copies of IDS**  
Statement (IDS)/PTO-1449 Citations
14. ☐ **English Translation of Reissue Oath/Declaration**  
(if applicable)
15. ☒ **Preliminary Amendment**
16. ☒ **Return Receipt Postcard (MPEP 503)**  
(Should be specifically itemized)
17. ☐ **Other:** \_\_\_\_\_


### 14. CORRESPONDENCE ADDRESS

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<b>NAME (Print/Type)</b>	Richard E. Lyon, Jr.	<b>Registration No. (Attorney/Agent)</b>	26,300
<b>Signature</b>		<b>Date</b>	February 27, 2002

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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**REISSUE APPLICATION FEE TRANSMITTAL FORM**Docket Number (Optional)  
272/012**Claims as Filed - Part 1**

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 16	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 24	**** 4	X\$9=	36	or	X\$____ =
(C) 5		(D) 12	* 7	X\$42=	294		X\$____ =
Basic Fee (37 CFR 1.16(h))					\$370		\$____
Total Filing Fee					\$700	OR	\$

**Claims as Amended - Part 2**

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	X\$____ =		or	X\$____ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	X\$____ =			X\$____ =
Total Additional Fee					\$		OR	\$

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☒ Applicant claims small entity status. See 27 CFR 1.27.☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 12-2475.  
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 700 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.**

FEB. 27, 2002

Date

Signature of Applicant, Attorney or Agent of Record

Richard E. Lyon, Jr., Reg. No. 26,300

Typed or printed name

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CERTIFICATE OF MAILING  
(37 C.F.R. §1.10)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as 'Express Mail Post Office To Addressee' in an envelope addressed to the Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

EV051354002US

Express Mail Label No.

Cheryl Boberg

Name of Person Mailing Paper

February 27, 2002

Date of Deposit

*Cheryl Boberg*

Signature of Person Mailing Paper